

05/13/2005 RSEBREM2 00000046 501668 09464039

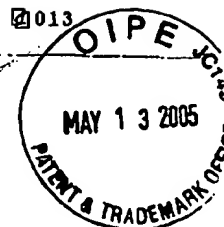
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Complete and send this form, together with applicable fee(s), to: Mail

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826 7590 02/16/2005

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Millennium Pharmaceuticals, Inc.
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Diana Gentile	(Depositor's name)
<i>Diana Gentile</i>	(Signature)
May 13, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/464,039	12/15/1999	Rachel Meyers	5800-49	7067

TITLE OF INVENTION: 21612, 21615, 21620, 21676, 33756, NOVEL HUMAN ALCOHOL DEHYDROGENASES

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1636	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Millennium Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501668 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Kerri Pollard Schray*Date May 13, 2005Typed or printed name Kerri Pollard SchrayRegistration No. 47,066

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